

109TH CONGRESS  
1ST SESSION

# H. R. 1222

To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 10, 2005

Ms. SCHAKOWSKY (for herself, Mrs. CHRISTENSEN, Mr. CONYERS, Ms. DELAURO, Mr. FILNER, Mr. HINCHEY, Mr. HOLDEN, Mr. KUCINICH, Mrs. MCCARTHY, Mr. MORAN of Virginia, Mr. OBERSTAR, Mr. OWENS, Mr. RANGEL, Mr. STARK, Ms. WOOLSEY, and Ms. ROYBAL-ALLARD) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Nurse Staffing Standards for Patient Safety and Quality  
6 Care Act of 2005”.

1 (b) FINDINGS.—Congress finds the following:

2 (1) The Federal Government has a substantial  
3 interest in promoting quality care and improving the  
4 delivery of health care services to patients in health  
5 care facilities in the United States.

6 (2) Recent changes in health care delivery sys-  
7 tems that have resulted in higher acuity levels  
8 among patients in health care facilities increase the  
9 need for improved quality measures in order to pro-  
10 tect patient care and reduce the incidence of medical  
11 errors.

12 (3) Inadequate and poorly monitored registered  
13 nurse staffing practices that result in too few reg-  
14 istered nurses providing direct care jeopardize the  
15 delivery of quality health care services.

16 (4) Numerous studies have shown that patient  
17 outcomes are directly correlated to direct care reg-  
18 istered nurse staffing levels, including a 2002 Joint  
19 Commission on Accreditation of Healthcare Organi-  
20 zations report that concluded that the lack of direct  
21 care registered nurses contributed to nearly a quar-  
22 ter of the unanticipated problems that result in in-  
23 jury or death to hospital patients.

24 (5) Requirements for direct care registered  
25 nurse staffing ratios will help address the registered

1 nurse shortage in the United States by aiding in re-  
2 cruitment of new registered nurses and improving  
3 retention of registered nurses who are considering  
4 leaving direct patient care because of demands cre-  
5 ated by inadequate staffing.

6 (6) Establishing adequate minimum direct care  
7 registered nurse-to-patient ratios that take into ac-  
8 count patient acuity measures will improve the deliv-  
9 ery of quality health care services and guarantee pa-  
10 tient safety.

11 (7) Establishing safe staffing standards for di-  
12 rect care registered nurses is a critical component of  
13 assuring that there is adequate hospital staffing at  
14 all levels to improve the delivery of quality care and  
15 protect patient safety.

16 **SEC. 2. MINIMUM DIRECT CARE REGISTERED NURSE**  
17 **STAFFING REQUIREMENT.**

18 (a) MINIMUM DIRECT CARE REGISTERED NURSE  
19 STAFFING REQUIREMENT.—The Public Health Service  
20 Act (42 U.S.C. 201 et seq.) is amended by adding at the  
21 end the following new title:

1 **“TITLE XXIX—MINIMUM DIRECT**  
2 **CARE REGISTERED NURSE**  
3 **STAFFING REQUIREMENT**

4 **“SEC. 2901. MINIMUM NURSE STAFFING REQUIREMENT.**

5 “(a) STAFFING PLAN.—

6 “(1) IN GENERAL.—A hospital shall implement  
7 a staffing plan that—

8 “(A) provides adequate, appropriate, and  
9 quality delivery of health care services and pro-  
10 tects patient safety; and

11 “(B) is consistent with the requirements of  
12 this title.

13 “(2) EFFECTIVE DATES.—

14 “(A) IMPLEMENTATION OF STAFFING  
15 PLAN.—Subject to subparagraph (B), the re-  
16 quirements under paragraph (1) shall take ef-  
17 fect not later than 1 year after the date of the  
18 enactment of this title.

19 “(B) APPLICATION OF MINIMUM DIRECT  
20 CARE REGISTERED NURSE-TO-PATIENT RA-  
21 TIOS.—The requirements under subsection (b)  
22 shall take effect as soon as practicable, as de-  
23 termined by the Secretary, but not later than 2  
24 years after the date of the enactment of this  
25 title, or in the case of a hospital in a rural area

1 (as defined in section 1886(d)(2)(D) of the So-  
2 cial Security Act (42 U.S.C. 1395ww(d)(2)(D)),  
3 not later than 4 years after the date of the en-  
4 actment of this title.

5 “(b) MINIMUM DIRECT CARE REGISTERED NURSE-  
6 TO-PATIENT RATIOS.—

7 “(1) IN GENERAL.—A hospital’s staffing plan  
8 shall provide that, during each shift within a unit of  
9 the hospital, a direct care registered nurse may be  
10 assigned to not more than the following number of  
11 patients in that unit, subject to paragraph (3):

12 “(A) 1 patient in operating room units and  
13 trauma emergency units.

14 “(B) 2 patients in critical care units, in-  
15 cluding emergency critical care and intensive  
16 care units, labor and delivery units, and  
17 postanesthesia units.

18 “(C) 3 patients in antepartum units, emer-  
19 gency room units, pediatrics units, stepdown  
20 units, and telemetry units.

21 “(D) 4 patients in intermediate care nurs-  
22 ery units, medical/surgical units, and acute care  
23 psychiatric units.

24 “(E) 5 patients in rehabilitation units.

1                   “(F) 6 patients in postpartum (3 couplets)  
2                   units and well-baby nursery units.

3                   “(2) SIMILAR UNITS WITH DIFFERENT  
4                   NAMES.—The Secretary may apply minimum direct  
5                   care registered nurse-to-patient ratios established in  
6                   paragraph (1) to a type of hospital unit not referred  
7                   to in such paragraph if such other unit performs a  
8                   function similar to the function performed by the  
9                   unit referred to in such paragraph.

10                  “(3) ADJUSTMENT OF RATIOS.—

11                   “(A) IN GENERAL.—If necessary to protect  
12                   patient safety, the Secretary may prescribe reg-  
13                   ulations that—

14                   “(i) increase minimum direct care reg-  
15                   istered nurse-to-patient ratios under this  
16                   subsection to further limit the number of  
17                   patients that may be assigned to each di-  
18                   rect care nurse; or

19                   “(ii) add minimum direct care reg-  
20                   istered nurse-to-patient ratios for units not  
21                   referred to in paragraphs (1) and (2).

22                   “(B) CONSULTATION.—Such regulations  
23                   shall be prescribed after consultation with af-  
24                   fected hospitals and registered nurses.

1           “(4) RELATIONSHIP TO STATE-IMPOSED RA-  
2       TIOS.—

3           “(A) NO PREEMPTION OF CERTAIN STATE-  
4       IMPOSED RATIOS.—Nothing in this title shall  
5       preempt State standards that the Secretary de-  
6       termines to be at least equivalent to Federal re-  
7       quirements for a staffing plan established under  
8       this title. Minimum direct care registered nurse-  
9       to-patient ratios established under this sub-  
10      section shall not preempt State requirements  
11      that the Secretary determines are at least  
12      equivalent to Federal requirements for a staff-  
13      ing plan established under this title.

14          “(B) SATISFACTION OF CERTAIN FEDERAL  
15      REQUIREMENTS WITH CERTAIN STATE-IMPOSED  
16      NURSE-TO-PATIENT RATIOS.—States that, at  
17      least 2 years prior to the date of the enactment  
18      of this title, have enacted minimum direct care  
19      nurse-to-patient ratios that allow the use of li-  
20      censed practical nurses to meet State-imposed  
21      minimum direct care nurse-to-patient ratios  
22      may continue to make such allowance, and such  
23      allowance shall be considered to satisfy require-  
24      ments imposed under this subsection, so long as

1 the particular licensed practical nurse is em-  
2 ployed in the same or a comparable position.

3 “(5) EXEMPTION IN EMERGENCIES.—

4 “(A) IN GENERAL.—The requirements es-  
5 tablished under this subsection shall not apply  
6 during a declared state of emergency if a hos-  
7 pital is requested or expected to provide an ex-  
8 ceptional level of emergency or other medical  
9 services.

10 “(B) EMERGENCY DEFINED.—For pur-  
11 poses of subparagraph (A), the term ‘declared  
12 state of emergency’ means a state of emergency  
13 that has been declared by the Federal Govern-  
14 ment or the head of the appropriate State or  
15 local governmental agency having authority to  
16 declare that the State, county, municipality, or  
17 locality is in a state of emergency, but such  
18 term does not include a state of emergency that  
19 results from a labor dispute in the health care  
20 industry or consistent understaffing.

21 “(c) DEVELOPMENT AND REEVALUATION OF STAFF-  
22 ING PLAN.—

23 “(1) CONSIDERATIONS IN DEVELOPMENT OF  
24 PLAN.—In developing the staffing plan, a hospital  
25 shall provide for direct care registered nurse-to-pa-



1       tient ratios above the minimum direct care reg-  
2       istered nurse-to-patient ratios required under sub-  
3       section (b) if appropriate based upon consideration  
4       of the following factors:

5               “(A) The number of patients and acuity  
6       level of patients as determined by the applica-  
7       tion of an acuity system (as defined in section  
8       2906(1)), on a shift-by-shift basis.

9               “(B) The anticipated admissions, dis-  
10      charges, and transfers of patients during each  
11      shift that impacts direct patient care.

12              “(C) Specialized experience required of di-  
13      rect care registered nurses on a particular unit.

14              “(D) Staffing levels and services provided  
15      by other health care personnel in meeting direct  
16      patient care needs not required by a direct care  
17      registered nurse.

18              “(E) The level of technology available that  
19      affects the delivery of direct patient care.

20              “(F) The level of familiarity with hospital  
21      practices, policies, and procedures by temporary  
22      agency direct care registered nurses used dur-  
23      ing a shift.

24              “(G) Obstacles to efficiency in the delivery  
25      of patient care presented by physical layout.

1           “(2) DOCUMENTATION OF STAFFING.—A hos-  
2           pital shall specify the system used to document ac-  
3           tual staffing in each unit for each shift.

4           “(3) ANNUAL REEVALUATION OF PLAN AND  
5           ACUITY SYSTEM.—

6                   “(A) IN GENERAL.—A hospital shall annu-  
7                   ally evaluate—

8                           “(i) its staffing plan in each unit in  
9                           relation to actual patient care require-  
10                          ments; and

11                           “(ii) the accuracy of its acuity system.

12                   “(B) UPDATE.—A hospital shall update its  
13                   staffing plan and acuity system to the extent  
14                   appropriate based on such evaluation.

15           “(4) REGISTERED NURSE PARTICIPATION.—A  
16           staffing plan of a hospital shall be developed and  
17           subsequent reevaluations shall be conducted under  
18           this subsection on the basis of input from direct care  
19           registered nurses at the hospital or, where such  
20           nurses are represented through collective bargaining,  
21           from the applicable recognized or certified collective  
22           bargaining representative of such nurses. Nothing in  
23           this title shall be construed to permit conduct pro-  
24           hibited under the National Labor Relations Act or  
25           under the Federal Labor Relations Act.

1 “(d) SUBMISSION OF PLAN TO SECRETARY.—A hos-  
2 pital shall submit to the Secretary its staffing plan and  
3 any annual updates under subsection (c)(3)(B). A feder-  
4 ally operated hospital may submit its staffing plan  
5 through the department or agency operating the hospital.

6 **“SEC. 2902. POSTING, RECORDS, AND AUDITS.**

7 “(a) POSTING REQUIREMENTS.—In each unit, a hos-  
8 pital shall post a uniform notice in a form specified by  
9 the Secretary in regulation that—

10 “(1) explains requirements imposed under sec-  
11 tion 2901;

12 “(2) includes actual direct care registered  
13 nurse-to-patient ratios during each shift; and

14 “(3) is visible, conspicuous, and accessible to  
15 staff, patients, and the public.

16 “(b) RECORDS.—

17 “(1) MAINTENANCE OF RECORDS.—Each hos-  
18 pital shall maintain accurate records of actual direct  
19 care registered nurse-to-patient ratios in each unit  
20 for each shift for no less than 3 years. Such records  
21 shall include—

22 “(A) the number of patients in each unit;

23 “(B) the identity and duty hours of each  
24 direct care registered nurse assigned to each  
25 patient in each unit in each shift; and

1           “(C) a copy of each notice posted under  
2           subsection (a).

3           “(2) AVAILABILITY OF RECORDS.—Each hos-  
4           pital shall make its records maintained under para-  
5           graph (1) available to—

6           “(A) the Secretary;

7           “(B) registered nurses and their collective  
8           bargaining representatives (if any); and

9           “(C) the public under regulations estab-  
10          lished by the Secretary, or in the case of a fed-  
11          erally operated hospital, under section 552 of  
12          title 5, United States Code (commonly known  
13          as the ‘Freedom of Information Act’).

14          “(c) AUDITS.—The Secretary shall conduct periodic  
15          audits to ensure—

16          “(1) implementation of the staffing plan in ac-  
17          cordance with this title; and

18          “(2) accuracy in records maintained under this  
19          section.

20       **“SEC. 2903. MINIMUM DIRECT CARE LICENSED PRACTICAL**  
21       **NURSE STAFFING REQUIREMENTS.**

22          “(a) ESTABLISHMENT.—A hospital’s staffing plan  
23          shall comply with minimum direct care licensed practical  
24          nurse staffing requirements that the Secretary establishes  
25          for units in hospitals. Such staffing requirements shall be

1 established not later than 18 months after the date of the  
2 enactment of this title, and shall be based on the study  
3 conducted under subsection (b).

4 “(b) STUDY.—Not later than 1 year after the date  
5 of the enactment of this title, the Secretary, acting  
6 through the Director of the Agency for Healthcare Re-  
7 search and Quality, shall complete a study of licensed  
8 practical nurse staffing and its effects on patient care in  
9 hospitals. The Director may contract with a qualified enti-  
10 ty or organization to carry out such study under this para-  
11 graph. The Director shall consult with licensed practical  
12 nurses and organizations representing licensed practical  
13 nurses regarding the design and conduct of the study.

14 “(c) APPLICATION OF REGISTERED NURSE PROVI-  
15 SIONS TO LICENSED PRACTICAL NURSE STAFFING RE-  
16 QUIREMENTS.—Paragraphs (2), (3), (4)(A), and (5) of  
17 section 2901(b), section 2901(c), and section 2902 shall  
18 apply to the establishment and application of direct care  
19 licensed practical nurse staffing requirements under this  
20 section in the same manner that they apply to the estab-  
21 lishment and application of direct care registered nurse-  
22 to-patient ratios under section 2901.

23 “(d) EFFECTIVE DATE.—The requirements of this  
24 section shall take effect as soon as practicable, as deter-  
25 mined by the Secretary, but not later than 2 years after

1 the date of the enactment of this title, or in the case of  
2 a hospital in a rural area (as defined in section  
3 1886(d)(2)(D) of the Social Security Act (42 U.S.C.  
4 1395ww(d)(2)(D)), not later than 4 years after the date  
5 of the enactment of this title.

6 **“SEC. 2904. ADJUSTMENT IN REIMBURSEMENT.**

7       “(a) **MEDICARE REIMBURSEMENT.**—The Secretary  
8 shall adjust payments made to hospitals (other than feder-  
9 ally operated hospitals) under title XVIII of the Social Se-  
10 curity Act in an amount equal to the net amount of addi-  
11 tional costs incurred in providing services to medicare  
12 beneficiaries that are attributable to compliance with re-  
13 quirements imposed under sections 2901 through 2903.  
14 The amount of such payment adjustments shall take into  
15 account recommendations contained in the report sub-  
16 mitted by the Medicare Payment Advisory Commission  
17 under subsection (c).

18       “(b) **AUTHORIZATION OF APPROPRIATION FOR FED-**  
19 **ERALLY OPERATED HOSPITALS.**—There are authorized to  
20 be appropriated such additional sums as are required for  
21 federally operated hospitals to comply with the additional  
22 requirements established under sections 2901 through  
23 2903.

24       “(c) **MEDPAC REPORT.**—Not later than 2 years after  
25 the date of the enactment of this title, the Medicare Pay-

1 ment Advisory Commission (established under section  
 2 1805 of the Social Security Act (42 U.S.C. 1395b–6))  
 3 shall submit to Congress and the Secretary a report esti-  
 4 mating total costs and savings attributable to compliance  
 5 with requirements imposed under sections 2901 through  
 6 2903. Such report shall include recommendations on the  
 7 need, if any, to adjust reimbursement for Medicare pay-  
 8 ments under subsection (a).

9 **“SEC. 2905. PROTECTION OF NURSES AND OTHER INDIVID-**  
 10 **UALS.**

11 “(a) REFUSAL OF ASSIGNMENT.—A nurse may  
 12 refuse to accept an assignment as a nurse in a hospital  
 13 if—

14 “(1) the assignment would violate section 2901  
 15 or 2903; or

16 “(2) the nurse is not prepared by education,  
 17 training, or experience to fulfill the assignment with-  
 18 out compromising the safety of any patient or jeop-  
 19 ardizing the license of the nurse.

20 “(b) RETALIATION FOR REFUSAL OF ASSIGNMENT  
 21 BARRED.—

22 “(1) NO DISCHARGE, DISCRIMINATION, OR RE-  
 23 TALIACTION.—No hospital shall discharge, discrimi-  
 24 nate, or retaliate in any manner with respect to any  
 25 aspect of employment (as defined in section

1       2906(5)), including discharge, promotion, compensa-  
2       tion, or terms, conditions, or privileges of employ-  
3       ment against a nurse based on the nurse’s refusal of  
4       a work assignment under subsection (a).

5               “(2) NO FILING OF COMPLAINT.—No hospital  
6       shall file a complaint or a report against a nurse  
7       with the appropriate State professional disciplinary  
8       agency because of the nurse’s refusal of a work as-  
9       signment under subsection (a).

10              “(c) CAUSE OF ACTION.—Any nurse who has been  
11       discharged, discriminated, or retaliated against in viola-  
12       tion of subsection (b)(1) or against whom a complaint has  
13       been filed in violation of subsection (b)(2) may bring a  
14       cause of action in a United States district court. A nurse  
15       who prevails on the cause of action shall be entitled to  
16       one or more of the following:

17              “(1) Reinstatement.

18              “(2) Reimbursement of lost wages, compensa-  
19       tion, and benefits.

20              “(3) Attorneys’ fees.

21              “(4) Court costs.

22              “(5) Other damages.

23              “(d) COMPLAINT TO SECRETARY.—A nurse or other  
24       individual may file a complaint with the Secretary against



1 a hospital that violates the provisions of this title. For any  
2 complaint filed, the Secretary shall—

3 “(1) receive and investigate the complaint;

4 “(2) determine whether a violation of this title  
5 as alleged in the complaint has occurred; and

6 “(3) if such a violation has occurred, issue an  
7 order that the complaining nurse or individual shall  
8 not suffer any retaliation under subsection (b) or  
9 under subsection (e).

10 “(e) PROTECTION FOR REPORTING.—

11 “(1) RETALIATION BARRED.—A hospital shall  
12 not discriminate or retaliate in any manner with re-  
13 spect to any aspect of employment, including hiring,  
14 discharge, promotion, compensation, or terms, condi-  
15 tions, or privileges of employment against any indi-  
16 vidual who in good faith, individually or in conjunc-  
17 tion with another person or persons—

18 “(A) reports a violation or a suspected vio-  
19 lation of this title to the Secretary, a public reg-  
20 ulatory agency, a private accreditation body, or  
21 the management personnel of the hospital;

22 “(B) initiates, cooperates, or otherwise  
23 participates in an investigation or proceeding  
24 brought by the Secretary, a public regulatory

1           agency, or a private accreditation body con-  
2           cerning matters covered by this title; or

3           “(C) informs or discusses with other indi-  
4           viduals or with representatives of hospital em-  
5           ployees a violation or suspected violation of this  
6           title.

7           “(2) GOOD FAITH DEFINED.—For purposes of  
8           this subsection, an individual shall be deemed to be  
9           acting in good faith if the individual reasonably be-  
10          lieves—

11           “(A) the information reported or disclosed  
12          is true; and

13           “(B) a violation of this title has occurred  
14          or may occur.

15          “(f) NOTICE.—A hospital shall post in an appropriate  
16          location in each unit a conspicuous notice in a form speci-  
17          fied by the Secretary that—

18           “(1) explains the rights of nurses and other in-  
19          dividuals under this section;

20           “(2) includes a statement that a nurse or other  
21          individual may file a complaint with the Secretary  
22          against a hospital that violates the provisions of this  
23          title; and

24           “(3) provides instructions on how to file a com-  
25          plaint under paragraph (2).

1 “(g) EFFECTIVE DATES.—

2 “(1) REFUSAL; RETALIATION; CAUSE OF AC-  
3 TION.—

4 “(A) IN GENERAL.—Subsections (a)  
5 through (c) shall apply to refusals occurring on  
6 or after the effective date of the provision to  
7 which the refusal relates.

8 “(B) EXCEPTION.—Subsection (a)(2) shall  
9 not apply to refusals in any hospital before the  
10 requirements of section 2901(a) apply to that  
11 hospital.

12 “(2) PROTECTIONS FOR REPORTING.—Sub-  
13 section (e) shall apply to actions described in sub-  
14 paragraphs (A) and (C) of subsection (e)(1) occur-  
15 ring on or after the effective date of the provision  
16 to which the violation relates. Subsection (e) shall  
17 apply to initiation, cooperation, or participation in  
18 an investigation or proceeding on or after the date  
19 of the enactment of this title.

20 “(3) NOTICE.—Subsection (f) shall take effect  
21 18 months after the date of the enactment of this  
22 title.

23 **“SEC. 2906. DEFINITIONS.**

24 “For purposes of this title:

1           “(1) ACUITY SYSTEM.—The term ‘acuity sys-  
2       tem’ means an established measurement tool that—

3           “(A) predicts nursing care requirements  
4       for individual patients based on severity of pa-  
5       tient illness, need for specialized equipment and  
6       technology, intensity of nursing interventions  
7       required, and the complexity of clinical nursing  
8       judgment needed to design, implement, and  
9       evaluate the patient’s nursing care plan;

10          “(B) details the amount of nursing care  
11       needed, both in number of nurses and in skill  
12       mix of nursing personnel required, on a daily  
13       basis, for each patient in a nursing department  
14       or unit;

15          “(C) takes into consideration the patient  
16       care services provided not only by registered  
17       nurses but also by direct care licensed practical  
18       nurses and other health care personnel; and

19          “(D) is stated in terms that can be readily  
20       used and understood by nurses.

21          “(2) DIRECT CARE LICENSED PRACTICAL  
22       NURSE.—The term ‘direct care licensed practical  
23       nurse’ means an individual who has been granted a  
24       license by at least 1 State to practice as a licensed

1 practical nurse or a licensed vocational nurse and  
2 who provides bedside care for 1 or more patients.

3 “(3) NURSE.—The term ‘nurse’ means any di-  
4 rect care registered nurse or direct care licensed  
5 practical nurse (as the case may be), regardless of  
6 whether or not the nurse is an employee.

7 “(4) DIRECT CARE REGISTERED NURSE.—The  
8 term ‘direct care registered nurse’ means an indi-  
9 vidual who has been granted a license by at least 1  
10 State to practice as a registered nurse and who pro-  
11 vides bedside care for 1 or more patients.

12 “(5) EMPLOYMENT.—The term ‘employment’  
13 includes the provision of services under a contract or  
14 other arrangement.

15 “(6) HOSPITAL.—The term ‘hospital’ has the  
16 meaning given that term in section 1861(e) of the  
17 Social Security Act (42 U.S.C. 1395x(e)), and in-  
18 cludes a hospital that is operated by the Department  
19 of Veterans Affairs, the Department of Defense, the  
20 Indian Health Services Program, or any other de-  
21 partment or agency of the United States.

22 “(7) STAFFING PLAN.—The term ‘staffing plan’  
23 means a staffing plan required under section 2901.”.

24 (b) RECOMMENDATIONS TO CONGRESS.—No later  
25 than 1 year after the date of the enactment of this Act,

1 the Secretary of Health and Human Services shall submit  
2 to Congress a report containing recommendations for en-  
3 suring that sufficient numbers of nurses are available to  
4 meet the requirements imposed by title XXIX of the Pub-  
5 lic Health Service Act, as added by subsection (a).

6 **SEC. 3. ENFORCEMENT OF REQUIREMENTS THROUGH FED-**  
7 **ERAL PROGRAMS.**

8 (a) **MEDICARE PROGRAM.**—Section 1866(a)(1) of the  
9 Social Security Act (42 U.S.C. 1395cc(a)(1)) is amend-  
10 ed—

11 (1) by striking “and” at the end of subpara-  
12 graph (U);

13 (2) by striking the period at the end of sub-  
14 paragraph (V) and inserting “, and”; and

15 (3) by inserting after subparagraph (V) the fol-  
16 lowing:

17 “(W) in the case of a hospital, to comply  
18 with the provisions of title XXIX of the Public  
19 Health Service Act.”.

20 (b) **MEDICAID PROGRAM.**—The first sentence of sec-  
21 tion 1902(a) of the Social Security Act (42 U.S.C.  
22 1396(a)) is amended—

23 (1) by striking “and” at the end of paragraph  
24 (66);

1           (2) by striking the period at the end of para-  
2           graph (67) and inserting “; and”; and

3           (3) by inserting after paragraph (67) the fol-  
4           lowing new paragraph:

5           “(68) provide that any hospital receiving pay-  
6           ments under such plan must comply with the provi-  
7           sions of title XXIX of the Public Health Service  
8           Act.”.

9           (c) HEALTH BENEFITS PROGRAM OF THE DEPART-  
10          MENT OF VETERANS AFFAIRS.—Section 8110(a) of title  
11          38, United States Code, is amended by adding at the end  
12          the following new paragraph:

13          “(7) In the case of a Department medical facility that  
14          is a hospital, the hospital shall comply with the provisions  
15          of title XXIX of the Public Health Service Act.”.

16          (d) HEALTH BENEFITS PROGRAM OF THE DEPART-  
17          MENT OF DEFENSE.—

18                 (1) IN GENERAL.—Chapter 55 of title 10,  
19          United States Code, is amended by adding at the  
20          end the following new section:

21          **“§ 1110a. Staffing requirements**

22                 “In the case of a facility of the uniformed services  
23          that is a hospital, the hospital shall comply with the provi-  
24          sions of title XXIX of the Public Health Service Act.”.

1           (2) CLERICAL AMENDMENT.—The table of sec-  
2       tions at the beginning of such chapter is amended  
3       by inserting after the item relating to section 1110  
4       the following new item:

“1110a. Staffing requirements.”.

5       (e) INDIAN HEALTH SERVICES PROGRAM.—Title  
6       VIII of the Indian Health Care Improvement Act (25  
7       U.S.C. 1671 et seq.) is amended by adding at the end  
8       the following new section:

9       **“SEC. 826 STAFFING REQUIREMENTS.**

10       “A hospital of the Service shall comply with the provi-  
11       sions of title XXIX of the Public Health Service Act.”.

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